MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	l							51						
2		l						52						
3		l						53						
4		l						54						
5		l						55						
6		l						56						
7		l						57						
8		l						58						
9		l						59						
10		l						60						
11	l							61						
12		l						62						
13		l						63						
14		l						64						
15		l						65						
16		l						66						
17		l						67						
18		l						68						
19		l						69						
20	l							70						
21		l						71						
22		l						72						
23		l						73						
24		l						74						
25		l						75						
26		l						76						
27		l						77						
28		l						78						
29								79						
30								80						
31								81						
32								82						
33								83						
34								84						
35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	3	↓		↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.	25	↓		↓		↓		TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	28							TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)